PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

| Application | or | Docket | Number |
|-------------|----|--------|--------|
| | | | |
| , | | | |

10/593,610

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | |
|---|--|---|---|----------------------|--|---------------------|-------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | ,,, | (Column 2) | | RATE | FEE | | RATE | FEE | | |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARG | LARGE ENT. = \$ 300 | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- (4) = .\$ 50 / \$ 100 | | All other situations = \$ 100 / \$ 200 | | | EXAM. FEE | 100 | : | EXAM. FEE | |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$ 100 ALL other-countries = \$200 / \$400 | | ALL other situations = \$ 250 / \$ 500 | | | SEARCH FEE | 200 | - | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| тот | AL CHARGEAB | ILE CLAIMS | /2 minus 20 = . | | | | | X \$ 25 = | | OR | X \$ 50 = | |
| IND | EPENDENT CL | AIMS | 5 minus 3 = . 2 | | .2 | / | | X \$ 100 = | 200 | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | ESENT | | | | | + \$ 180 = | · | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | lumn 2 | , . | TOTAL | 650 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTIT | | | | | | | | | ENTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | CLAIMS REMAINING AFTER . AMENDMENT | | NUM PREVI | HEST BBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FEE | · | OR | TOTAL ADDIT. FEE | 1 |
| ٠ | • | (Column 1) | | (Colu | mn 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE. | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR [`] | X \$ 50 = | |
| AME | Independent | * | Minus | *** | | = | | X \$ 100 = | | ÓR | X \$ 200 = | , |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | • | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20" enter "20" | | | | | | | | | | | | |

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.